RECEIVED IN CLERK'S OFFICE UNITED STATES	DISTRICT COURT
U.S.D.C Atlanta for	the
DEC 1 7 2019 Northern Dist	rict of Georgia
JAMES N. HATTEN, Clerk By: Deputy Clerk	1:19-CV-564
KOLA ADETOLA) (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)))) Jury Trial: (check one) ✓ Yes No))
- V -)))
DISCOVER BANK))
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	KOLA ADETOLA		
Address	4151 ALEXIS COURT		
	LOGANVILLE	GA	30023
	City	State	Zip Code
County	ALPHARETTA		
Telephone Number	678 908 5394		
E-Mail Address	kolaadetola@yahoo.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1 **DISCOVER BANK** Name Job or Title (if known) PO BOX 15316 Address WILMINGTON DE 19850 Zip Code State **NEW CASTLE** County Telephone Number (216) 362-5000 E-Mail Address (if known) Official capacity Individual capacity Defendant No. 2 Name Job or Title (if known) Address City Zip Code State County Telephone Number E-Mail Address (if known) Individual capacity Official capacity

		Defendant No. 3				
		Name				
		Job or Title (if known)				
		Address				
					7: 6 1	
		Commen	City	State	Zip Code	
		County Telephone Number			***************************************	
		E-Mail Address (if known)				
		,			-14	
			Individual capacity	Official capa	city	
		Defendant No. 4				
		Name				
		Job or Title (if known)				
		Address				
			City	State	Zip Code	
		County				
		Telephone Number E-Mail Address (if known)				
		E intell reduces (y islowi)				
			Individual capacity	Official capa	city	
II.	Basis	for Jurisdiction				
	immu <i>Feder</i>	42 U.S.C. § 1983, you may sue starnities secured by the Constitution are all Bureau of Narcotics, 403 U.S. 38 tutional rights.	nd [federal laws]." Under Biv	ens v. Six Unknown	Named Agents of	
	A.	A. Are you bringing suit against (check all that apply):				
		Federal officials (a Bivens claim)				
		State or local officials (a § 19	•			
	B.	Section 1983 allows claims allegi the Constitution and [federal laws federal constitutional or statutory	s]." <u>42 U.S.C. § 1983</u> . If you	are suing under sec	ction 1983, what	
	C	Plaintiff wing and 1 - Di			tional minutes. If any	
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what consofficials?				

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
 We have a full years worth of call logs from DISCOVER BANK approximately 3 -5 CALLS a day. We pulled the call log from the phone service provider.
- B. What date and approximate time did the events giving rise to your claim(s) occur?

There were 3 calls a day since the beginning of January 1st of 2019 to currently. Action has already been taken I have already asked for them to stop due to calling at work ours in other forms of harrasment.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

The defendant consistently violated consumer protection afforded by the FDCPA section805(a)(1) which stands at \$500 up to ten and \$1500 after eleven calls to the plantiff. The defendant also violated section FDCPA SECTION 805(b). The defendant also willfully violated FDCPA Section 806. Defendant acted in a false, deceptive, misleading and unfair by causing a telephone to ring or engaging any person in telephone conversation repeatedly or continuously with intent to annoy, abuse, or harass any person at the called number. Defendant acted in a false, deceptive, misleading and unfair manner by using unfair or unconscionable means to collect any debt. Defendant violated the FCRA. Defendants violations include, but are not limited to, violations of 15U.S.C.§681t(b)1681c.2(e),1681h(e),1681c,1681 (b),1681(a)(4),1681s-2(a)(3),1681s-2(b),1681s-2(b)(1)(A),. However defendant continued to harassing plaintiff through mail communication, constitutes an invasion of privacy and harassment violations.

Pro Se	Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)		
IV.	Injuries		
	If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.		
v.	Relief		
	State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.		
	With the collection of violations and the numerous times they were all violated I would like a cash settlement in the amount of \$300,000 and the immediate removal of all accounts on all three major credit bureaus.		

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	12/15/2019		
	Signature of Plaintiff Printed Name of Plaintiff	KOLA ADETOLA		
, B.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number		*****	
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			